



Maryland Department of Health
Vital Statistics Administration

Maryland Electronic Death Registration

Medical Certifier Training Guide

Version 5.0

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Getting Started with MD-EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser (Mozilla Firefox is the recommended web browser)
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A laser printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

Configuring your website to allow for pop-ups will depend on which web browser you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web browser is allowing pop-ups.



For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the following URL address: <https://mdedrs.health.maryland.gov>



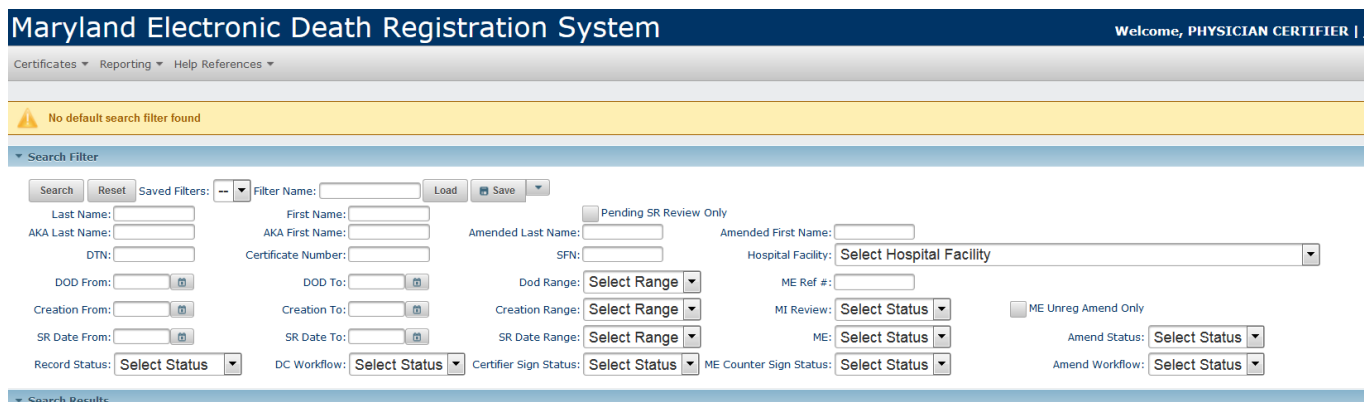
2. Enter the username and password which has been assigned to you by the MD-EDRS Medical Facility Administrator. Then click “Login.”



****NOTE:** First time users will be prompted to change the password that was assigned. If prompted by your browser to save your password, please click “no”.

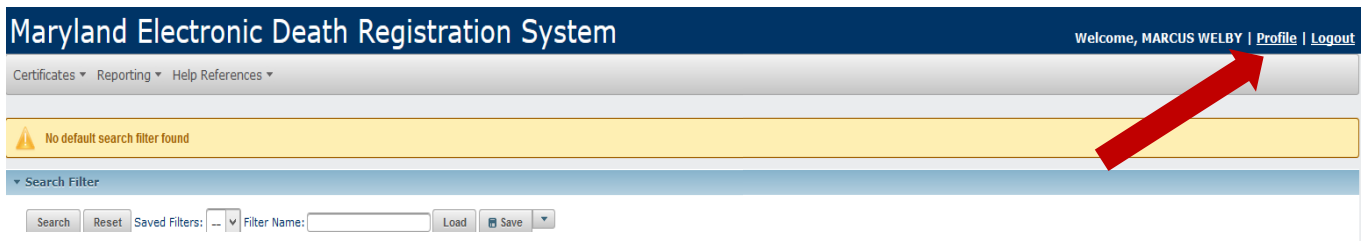
Please make a note of your username and password and store the information in a secure location. If you have more than 3 unsuccessful login attempts you will be locked out of the system and will need to contact your EDRS Medical Facility Administrator or the Help Desk to have your password reset. After 3 unsuccessful login attempts, click on “Forgot password” and a link to reset your password will be sent to your email address of record.

Once you are logged in, the screen below will appear:

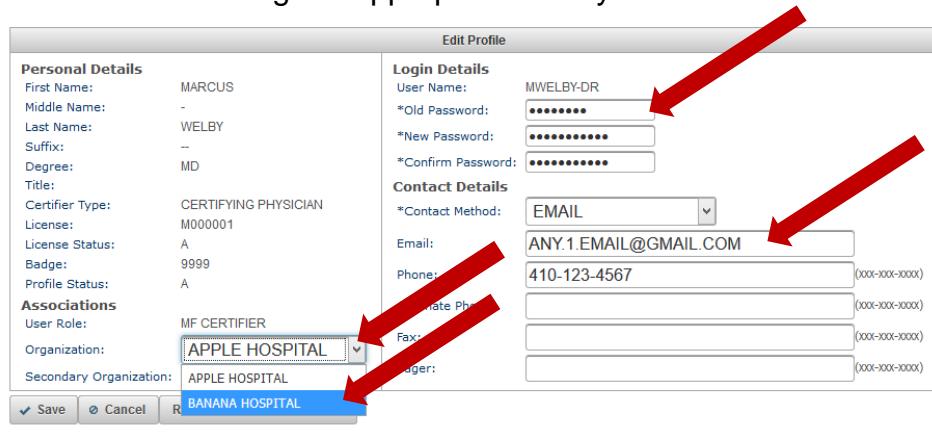


Editing Your User Profile

1. Users may edit their personal contact information at any time by selecting 'Profile' at the top of the menu bar.

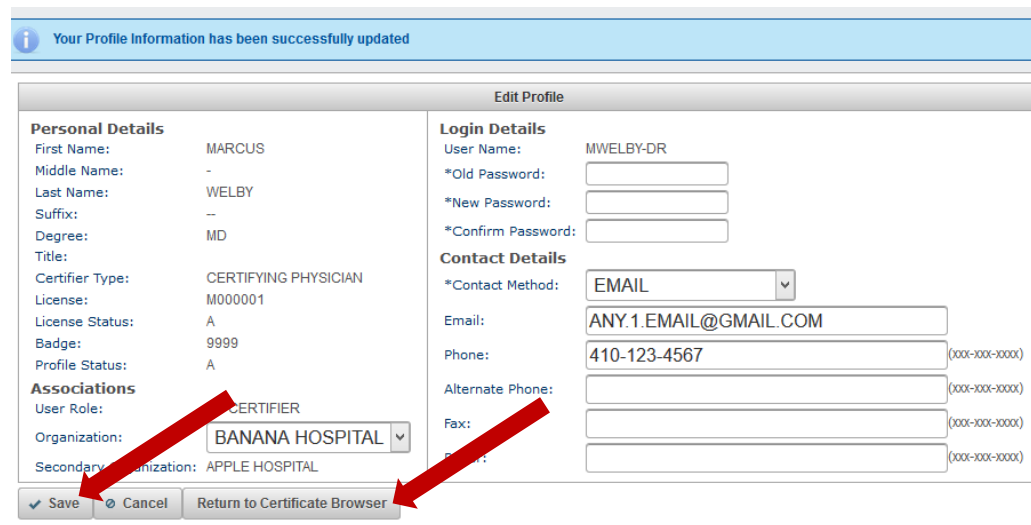


2. At the 'Update Personal Profile' window, users may update their password, contact information, or primary medical facility, if applicable. Users working at multiple facilities can change their primary organization by clicking on the down arrow at the right of the organization field and selecting the appropriate facility:



*Information that appears in the Personal Details section can only be changed by a Medical Facility Administrator. If any information is updated, users **must** change their password.

3. Next, click on 'Save' and then on 'Return to Certificate Browser' to go back to the search screen.



Creating a New Record - Users Working at Multiple Medical Facilities

1. Once logged in, click on the Select Facility tab and then select the appropriate facility

The screenshot shows the 'Maryland Electronic Death Registration System' interface. The 'Select Facility' tab is active, and a dropdown menu is open, listing four facilities: LEMON HOSPITAL, BANANA HOSPITAL, GRAPE MEMORIAL HOSPITAL, and MANGO MEDICAL CENTER. Red arrows point to the 'Select Facility' tab and the 'GRAPE MEMORIAL HOSPITAL' option in the dropdown. Below the dropdown, there are input fields for 'AKA Last Name', 'AKA First Name', and 'Amended Last Name', along with 'Filter Name' and 'Load' buttons. A 'Save' button is also visible.

2. Click on the Certificates tab and then “Create Certificate”:

The screenshot shows the 'Maryland Electronic Death Registration System' interface. The 'Certificates' tab is active, and a dropdown menu is open, listing two options: 'Create Certificate' and 'Find Certificate'. Red arrows point to the 'Certificates' tab and the 'Create Certificate' option. Below the dropdown, there are input fields for 'Search Filter', 'Search', 'Reset', 'Saved Filters', 'Filter Name', 'Load', and 'Save' buttons. A 'No default' warning icon is also visible.

3. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent’s information and click “Continue.”

The screenshot shows the 'Create New Certificate' form. It includes a list of case types that must be reported to the Office of the Chief Medical Examiner (OCME) before beginning an electronic death record: 1. Non-natural deaths (accidents, suicides, homicides); 2. Deaths involving an injury (including external hematoma); 3. Deaths involving a fracture; 4. Deaths involving the use of drugs and/or alcohol; and 5. Deaths involving environmental hypothermia or hyperthermia. A checkbox labeled 'I confirm that:' is checked. Below this, there are two radio button options: 'This is not a medical examiner case, as described above; OR' and 'I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.' The form also includes input fields for 'Decedent's Legal First Name' (captain), 'Legal Middle Name' (-), 'Legal Last Name' (crunch), 'Date of Death (MM/DD/YYYY)' (04/17/2018), 'Time of Death (HHMM 24 hour)' (1515), 'Sex' (MALE), and 'County of Death' (BALTIMORE CITY). A 'Suffix' dropdown menu is also present. At the bottom, it states 'The record is assigned to the following Medical Facility: GRAPE MEMORIAL HOSPITAL'. A red box highlights the 'Please note which medical facility the certificate is assigned to. If it is assigned to the wrong facility, please click on “Certificate Options” and then “Grant Access” (see next page).’ text, with a red arrow pointing to the 'GRAPE MEMORIAL HOSPITAL' text.

4. To grant access to another medical facility, click on “Certificate Options” and then “Grant Access”.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. A dropdown menu for 'Certificate Options' is open, with 'Grant Access' highlighted. The background shows a form with fields for 'First Name', 'Middle Name', 'Last Name', and 'Date of Death'.

Under the Medical Facility drop down list, select the correct medical facility and click on “Continue”.

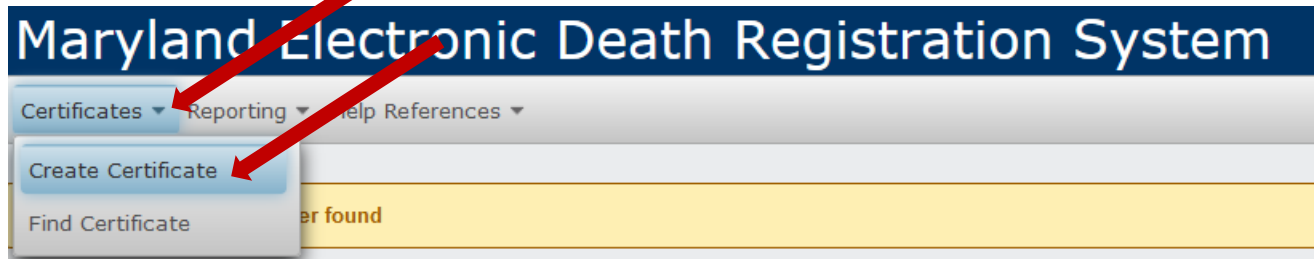
The screenshot shows the 'Grant Access' page. A dropdown menu for 'Select the Medical Facility' is open, showing a list of medical facilities. 'LEMON HOSPITAL' is selected and highlighted. The background shows a form with fields for 'First Name', 'Middle Name', 'Last Name', and 'Date of Death'.

****NOTE:** If there are any records that have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent’s last name and complete the Medical Information section of the record.

The screenshot shows the 'Potential Duplicate Record Browser' page. It displays a table of potential duplicates with columns for 'Last Name', 'First Name', 'Date of Death', 'Attest Status', 'MI Review Status', 'ME Status', 'Certificate Number', and 'Record Status'. The table shows one record: 'DOE, JANE' with a date of death of '2015-02-25 00:00:00.0' and a creating organization of 'FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.'.

Creating a New Record - Users Working at a Single Medical Facility

1. Once logged in, click on the Certificate tab and then “Create Certificate”:



2. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent's information and click “Continue.”

The following types of cases must be reported to the Office of the Chief Medical Examiner at (410) 333-3271 BEFORE beginning an electronic death record:

1. Non-natural deaths (accidents, suicides, homicides);
2. Deaths involving an injury (including subdural hemorrhage);
3. Deaths involving a fracture;
4. Deaths involving the use of drugs or alcohol; and
5. Deaths related to environmental hypothermia or hyperthermia.

☒ I confirm that:
This is not a medical examiner case, as described above; OR
I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.

Decedent's Legal First Name: jane
Legal Middle Name: m
Legal Last Name: doe
Date of Death (MM/DD/YYYY): 01/05/2015
Time of Death (HHMM 24 hour): 0105
Sex: FEMALE
County of Death: FREDERICK

****NOTE:** Any records that have been started by other users for the same decedent in the system will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent's last name and complete the Medical Information section of the record

Potential Duplicate Record Browser

Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status
No records found.							

Other Potential Duplicates in Jurisdiction

Last Name	First Name	Date of Death	Creating Org
DOE	JANE	2015-02-25 00:00:00.0	FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.

Entering the Medical Information

1. Once the following screen appears, Click on the Medical Information tab on the bottom of the page.

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

[Certificates](#) ▾ [Reporting](#) ▾ [Help](#) [References](#) ▾

[Certificate Options](#) ▾ [Permit Options](#) ▾ [Validation](#) [Save \[F8\]](#)

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

The decedent's legal name is noted above. If applicable, enter an "also known as" (AKA) name.

1. Decedents AKA if applicable First Name: ? Middle Name: ? Last Name: ? Suffix: ?
If applicable, prior to first marriage First Name: ? Middle Name: ? Last (Birth) Name: ? Suffix: ?

5. Social Security Number ?

6. Sex: **FEMALE** ?

8. Date of Birth: (MM/DD/YYYY) ?

7. Age Type: ?

9. Place of Birth: Address Type: **US STATE** ? State: ?

10a. Usual Residence of Decedent: Address Type: **US STATE** ? State: ?

10b. County: ?

10c. City, Town, or Location ?

10d. Inside City Limits: ?

10e. Street Number: ? Street Name: Apt/Suite/Unit: ?

10f. Zip Code: - ?

11. Marital Status: ?

12. Was Decedent Ever in U.S. Armed Forces: ?

13. Was Decedent of Hispanic Origin ?

14. Race: ?
White Filipino Native Hawaiian
Black or African American Japanese Guamanian or Chamorro
American Indian / Alaska Native Korean Samoan
Tribe: Vietnamese Other Pacific Islander
Asian Indian Other Asian Specify: Other
Chinese Specify: Other
Specify: Other

15. Decedent's Education: ?

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): ?

[Personal Information](#) [Medical Information](#) [Funeral Director](#) [Certificate View](#) ?

****PLEASE NOTE****

- A number of fields on the page will auto-populate.
- If Place of Death is inpatient, ER/Outpatient, DOA, Hospice, or Nursing home/long term care facility, items 4a and 4b will be automatically populated. Items 4a and 4b are only completed if place of death is "Decedent's Home" or "Other."
- If the Manner of Death is "Natural," items 28a-28g will be blocked.
- Clicking on the ? next to each item will provide explanatory information on completing the item.
- "Approximate interval between onset and death" and "Contributing Causes" are both required fields. If you have no information to report, or the information is unknown, enter a hyphen (-) or UNK.

2. The following screen will appear. You should complete the items on this page as you currently do on the triplicate paper copy of the Death Certificate.

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help References ▾

▼ Certificate Options ▼ Permit Options ▼ Validation Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

1. Decedent's Legal First Name: **JANE** ?
Middle Name: **M**
Last Name: **DOE** Suffix: --

2. Date of Death (MM/DD/YYYY): **01/05/2015** ?

3. Time of Death: **0105** ?

4c. County of Death: **FREDERICK** ?

26. Place of Death: -- ?

Medical Facility: -- ?

4a. Facility Name (if not an institution, enter the street number and name below):
Street Number: Apt/Suite/Unit:

4b. City or Town: ?

Zip Code: -

23a. Part I
Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Immediate Cause (Final disease Or condition resulting in death) a. Due to (or as a consequence of):

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE**(disease or injury that initiated the events resulting in the death) LAST.

Approximate Interval Between Onset and Death

Personal Information Medical Information Funeral Director Certificate View

****PLEASE NOTE****

- A number of fields on the page will auto-populate.
- If Place of Death is inpatient, ER/Outpatient, DOA, Hospice, or Nursing home/long term care facility, items 4a and 4b will be automatically populated. Items 4a and 4b are only completed if place of death is "Decedent's Home" or "Other."
- If the Manner of Death is "Natural," items 28a-28g should be skipped.
- Clicking on the ? next to each item will provide explanatory information on completing the item.
- "Approximate interval between onset and death" and "Contributing Causes" are both required fields. If you have no information to report, or the information is unknown, enter a hyphen (-).

Validating the Medical Information

1. After all of the information on the Medical Information tab has been entered, click on the Validation tab near the top of the screen and then on “Validate MI” to check for any errors. It may take a moment for the information to be validated.

The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. Below this, there are tabs for 'Certificate Options', 'Permit Options', and 'Validation'. The 'Validation' tab is currently selected, and a dropdown menu is open showing options: 'Validate PI', 'Validate MI', 'Validate FD', 'Validate All', and 'Medical Spell Check'. The 'Validate MI' option is highlighted. The main form area displays decedent information: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC. There are also fields for Decedent's Legal First Name, Middle Name, and Last Name, and a Time of Death field.

2. If any errors are identified, they will be listed on the screen and should be corrected in order to proceed.

The screenshot shows the same interface as before, but with a red error message box at the top. The message states: 'Street Name of the person who completed the COD is required, Last Name of the person who completed the COD is required, First Name of the person who completed the COD is required, Zip 5 of the person who completed the COD is required if U.S. States is selected, State or Territory of the person who completed the COD is required if U.S. States is selected.' Below the error message, the decedent information is displayed: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC. There are also fields for Decedent's Legal First Name, Middle Name, and Last Name, and a Time of Death field.

3. If necessary, click on the Validation tab and then “Validate MI” button again to be sure there are no additional errors.

This screenshot is identical to the one in step 1, showing the 'Validation' tab selected in the menu with the 'Validate MI' option highlighted. The main form area displays decedent information: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC. There are also fields for Decedent's Legal First Name, Middle Name, and Last Name, and a Time of Death field.

4. When the information has been validated, a message indicating “Successfully Validated Medical Information” will appear. Click the Save[F8] tab to save the record.

The screenshot shows the same interface as before, but with a blue success message box at the top. The message states: 'Successfully validated Medical Information.' Below the success message, the decedent information is displayed: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC. There are also fields for Decedent's Legal First Name, Middle Name, and Last Name, and a Time of Death field.

5. The certificate should be reviewed thoroughly for errors before it is attested. To review the certificate's content, click on the Certificate View tab located at the bottom of the screen. This step can be completed at any time.

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help References ▾

▾ Certificate Options ▾ Permit Options ▾ Validation Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Certificate View

Enlarge Reduce

Printed on 01/15/2015 15:29:15 **Certificate of Death** Printed By: CERTIFIER, PHYSICIAN (PHYSICIAN) File Number

1. Decedent's Name, AKA Name (if any) JANE M DOE		2. Date of Death 01/05/2015	3. Time of Death 0105
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK	4c. County of Death FREDERICK
5. Social Security Number	6. Sex	7. Age	8. Date of Birth
9. Birthplace		10. Birthplace	
11a. Address		11b. County	11c. City, Town or Location
11d. Inside City Limits?		11e. Zip Code	
12. Marital Status	13. Ever in U.S. Armed Forces?	14. Hispanic Origin?	15. Race
16. Decedent's Education		16a. Decedent's Usual Occupation	16b. Business/Industry
17. Father's Name		18. Mother's Name Prior to First Marriage	
19. Surviving Spouse's Name		20. Informant's Name	
20a. Informant's Relationship		20b. Informant's Address	
21a. Method of Disposition		21b. Place of Disposition	21c. Date of Disposition
21d. Location		22. Signature of Funeral Service Licensee	
22a. License No		22b. Name and Address of Funeral Facility	
23a. Part I: Disease, Injury, or complications that directly caused the death CAUSE			
23b. Immediate Cause (that disease, injury, or condition resulting in death) Due to (or as a consequence of)			
23c. Conditions, if any, leading to immediate cause Due to (or as a consequence of)			

Personal Information **Medical Information** Funeral Director Certificate View

Attesting of the Certificate

1. If the Medical Certifier (physician, certified nurse practitioner, physician assistant) has personally entered the Medical Information, he or she may immediately certify the information by clicking on the Certificate Options tab and then on “Attest Certifier.”

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help References ▾

▾ Certificate Options ▾ Permit Options ▾ Validation Save [F8]

View Status Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Save

Abandon Certificate

Grant Access

Refer to ME

Attest Certifier

Request MI Review

Edit Decedent Name

Edit Date of Death

Exit Electronic Workflow

Print Working Copy

First Name: **JANE** ?

Middle Name: **M**

Last Name: **DOE** Suffix: --

DD/YYYY: **01/05/2015** ?

0105 ?

FREDERICK ?

INPATIENT ?

FREDERICK MEMORIAL HOSPITAL ?

2. When the following page appears, the Medical Certifier should check “Yes” and then “Continue.”

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help References ▾

Attest Medical Information

To attest to the validity of the Medical Information for this record, confirm below and click the Continue button.

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

I, PHYSICIAN CERTIFIER, confirm that I am legally authorized to sign a death certificate and, to the best of my knowledge, the Death did occur at the hour, date, and place, and from the causes stated.

☒ Yes

[Continue](#) [Cancel](#)

A message will appear indicating that the certificate was successfully attested.

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help References ▾

▾ Certificate Options ▾ Permit Options ▾ Validation ▾ Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Successfully attested certificate.

1. Decedent's Legal First Name: **JANE** ?

If the Medical Information was completed by a hospital/facility staff member who is NOT the Medical Certifier, the record should be saved, and the Medical Certifier must log onto the system **USING HIS OR HER OWN LOGON AND PASSWORD**, locate the record, and personally attest to the information on the certificate.

Transferring the Certificate to the Funeral Home

Transferring an electronic record can be done at various stages:

- The Medical Certifier and/or staff may transfer a record to a funeral home any time after the record is first created.
- It is not necessary to wait until the Medical Certifier has signed the record to make the transfer.
- The Medical Certifier and the Funeral Director may work on the record concurrently.
- The Medical Certifier and/or his or her staff may also transfer the record after it is signed by the Medical Certifier.

1. To transfer a record to a funeral home, select “Grant Access” from the Certificate Options tab.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. A red arrow points to the 'Certificate Options' tab, and another red arrow points to the 'Grant Access' option in the dropdown menu. The main form displays patient information: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC.

If the funeral home is registered with MD-EDRS, the name will appear on the drop-down menu. If the name of the funeral home does not appear, please contact the help desk at EDRS.help@maryland.gov.

The screenshot shows the 'Grant Access' screen. A red arrow points to the dropdown menu for 'Select the Funeral Home'. The list of funeral homes includes: ADAMS FAMILY FUNERAL HOME, ADAMS FUNERAL HOME, ADVENT FUNERAL & CREMATION SERVICES, INC, ANDREW K COFFMAN FUNERAL HOME, and ANTHONY E WARD FUNERAL HOME. The 'Continue' button is highlighted.

2. Select the funeral home and then click “Continue.”

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help/References ▾

Grant Access

To grant access to another organization, select the Funeral Home or Medical Facility from the list(s) below.

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Indicate which organization(s) should be allowed to view and update this record.

Select the Funeral Home:

Select the Medical Facility:

- ADAMS FAMILY FUNERAL HOME
- ADAMS FUNERAL HOME
- ADVENT FUNERAL & CREMATION SERVICES, INC
- ANDREW K COFFMAN FUNERAL HOME
- ANTHONY E WARD FUNERAL HOME

3. You should receive a message that the record has been successfully transferred. The funeral home will now be able to access and complete the record.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates ▾ Reporting ▾ Help/References ▾

▾ Certificate Options ▾ Permit Options ▾ Validation ▾ Settings

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Successfully transferred certificate.

1. Decedent's Legal First Name: **JANE** ?
Middle Name: **M**
Last Name: **DOE** Suffix: --

Printing a Working Copy of the Certificate

1. A printed “Working Copy” of the record should accompany the remains when transported to the funeral home. To print a Working Copy of the record, click on the Certificate Options tab and select “Print Working Copy.”

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | Profile | Logout

Certificates Reporting References

Certificate Options Permit Options Validation Save [F8]

View Status Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Save

Abandon Certificate

Grant Access

Refer to ME

Request MI Review

Exit Electronic Workflow

Print Working Copy

Medical Facility: FREDERICK MEMORIAL HOSPITAL

4a. Facility Name (if not an institution, enter the street number and name below): FREDERICK MEMORIAL HOSPITAL

The following Working Copy of the Certificate of Death will appear. It will include all of the information that has been added to the record at the time the copy is printed, and can be printed at any time.

Page: 1 of 1 Automatic Zoom

Printed on 09/15/2015 15:29:16

Certificate of Death Printed By CERTIFIER, PHYSICIAN (PHYSICIAN)

File Number

1. Decedent's Name, AKA Name (if any) JANE M DOE			2. Date of Death 01/05/2015	3. Time of Death 0105
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK		4c. County of Death FREDERICK
5. Social Security Number	6. Sex F	7. Age	8. Date of Birth	9. Birthplace
10a. State	10b. County		10c. City, Town or Location	
10e. Address				10f. Zip Code
11. Marital Status	12. Ever in U.S. Armed Forces?	13. Hispanic Origin?		14. Race
15. Decedent's Education		16a. Decedent's Usual Occupation		16b. Business/Industry
17. Father's Name			18. Mother's Name Prior to First Marriage	
19. Surviving Spouse's Name				
20a. Informant's Name		20b. Informant's	20c. Informant's Mailing Address	

WORKING COPY

The Working Copy should accompany the remains when the deceased is transported to the funeral home.

****NOTE:** Printing the Working Copy on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable pop-ups on your web browser in order to view and print the Working Copy.

Referring a Case to the Medical Examiner

The following conditions and types of deaths might seem to be specific or natural, but when the medical history is examined further it may found to be from complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

- Asphyxia
- Epidural hematoma
- Bolus
- Exsanguination
- Choking
- Fall
- Drug or alcohol overdose/drug or alcohol abuse
- Fracture
- Hip fracture
- Pulmonary emboli
- Subdural hematoma
- Hyperthermia
- Seizure disorder
- Surgery
- Hypothermia
- Sepsis
- Thermal burns/chemical burns
- Open reduction of fracture
- Subarachnoid hemorrhage

1. In order to refer the record to the ME, click on “Certificate Options”

The screenshot shows the Maryland Electronic Death Registration System interface. A red arrow points to the 'Certificate Options' dropdown menu. The menu is open, showing options like 'View Status', 'Save', 'Attach Certificate Image', 'Browse Attachments', 'Abandon Certificate', 'Grant Access', 'Refer to ME', 'Attest Certifier', 'Request MI Review', 'Edit Decedent Name', 'Edit Date of Death', 'Exit Electronic Workflow', and 'Print Working Copy'. The background shows a form for a death certificate with fields for Name, Date of Death, Sex, and Address.

2. Click on “Refer to ME”

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there's a header with the system name and a welcome message. Below the header, there are navigation tabs: 'Certificates', 'Reporting', and 'Help References'. A 'Certificate Options' dropdown menu is open, showing several options: 'View Status', 'Save', 'Attach Certificate Image', 'Browse Attachments', 'Abandon Certificate', 'Grant Access', 'Refer to ME' (highlighted with a red arrow), and 'Attest Certifier'. The main form area displays fields for 'Middle Name', 'Last Name: DEER', 'Date of Death: 09/01/2017', 'Sex: FEMALE', and 'Certificate: 1320'. A blue instruction text reads: 'al name is noted above. If applicable, enter an "also known as" (AKA) name.'

3. Select the reason for referral in the drop down list

The screenshot shows the 'Refer to Medical Examiner' form. The header includes the system name and navigation tabs. The form title is 'Refer to Medical Examiner' with a sub-instruction: 'To refer this certificate to the Medical Examiner, enter a referral reason.' Below this, there are fields for 'First Name: JENNIFER', 'Middle Name: -', 'Last Name: DEER', 'Date of Death: 09/01/2017', 'Sex: FEMALE', and 'Certificate: 1320'. A 'Referral Reason' dropdown menu is open, showing a list of reasons: 'Acute alcoholism', 'Aspiration' (highlighted with a red arrow), 'Communicable Disease, Reportable', 'Cutting', 'Death in whole or in part by criminal means', 'Deaths associated with known or alleged rape or or', 'Deaths caused by a criminal act of another', and 'Deaths due to communicable/contagious disease and Deaths due to occupational diseases or occupations'. The 'Continue' and 'Cancel' buttons are visible at the bottom left.

4. Once the referral reason has been selected from the drop down menu, the referral reason will pre-populate in the first field. Click on the “Continue” button.

The screenshot shows the 'Refer to Medical Examiner' form after the referral reason has been selected. The 'Referral Reason' field now contains the text 'Aspiration'. The 'Continue' button is highlighted with a red arrow. The form fields for 'First Name: JENNIFER', 'Middle Name: -', 'Last Name: DEER', 'Date of Death: 09/01/2017', 'Sex: FEMALE', and 'Certificate: 1320' remain the same. The 'Continue' and 'Cancel' buttons are at the bottom left.

You will the see “Successfully referred certificate to the Medical Examiner’s Office”

The screenshot shows the Maryland Electronic Death Registration System interface after a successful referral. A blue banner at the top displays the system name and a welcome message. Below the banner, there are navigation tabs: 'Certificates', 'Reporting', and 'Help References'. A 'Certificate Options' dropdown menu is open, showing options: 'View Status', 'Save', 'Attach Certificate Image', 'Browse Attachments', 'Abandon Certificate', 'Grant Access', 'Refer to ME' (highlighted with a red arrow), and 'Attest Certifier'. The main form area displays fields for 'First Name: JENNIFER', 'Middle Name: -', 'Last Name: DEER', 'Date of Death: 09/01/2017', 'Sex: FEMALE', and 'Certificate: 1320'. A blue banner at the bottom displays the message: 'Successfully referred certificate to the Medical Examiner's office.'

MD-EDRS Help Desk Information

MD-EDRS technical support is available by email: Email questions to edrs.help@maryland.gov

You will receive a response within one hour for messages received between 8 am and 4 pm, Monday - Friday. For emergencies on weekends and State Holidays, you will receive a response within four hours for email messages received between 7 am and 7 pm.